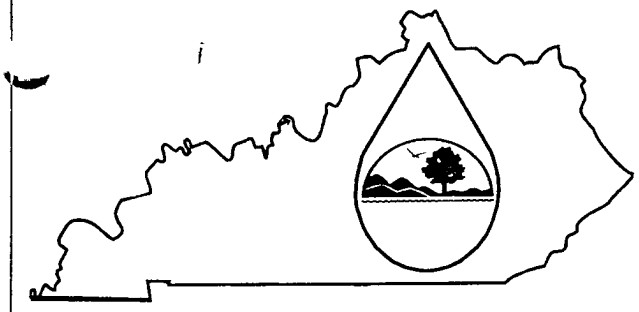
# KPDES FORM 1



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2003 JUN 26 P 1

## PERMIT APPLICATION

RECEIVED BY KPDES

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

**For additional information contact:**
**KPDES Branch (502) 564-3410**

| I. FACILITY LOCATION AND CONTACT INFORMATION | AGENCY USE |
|---|---|
| A. Name of business, municipality, company, etc. requesting permit<br>City of Hopkinsville | |
| B. Facility Name and Location | C. Facility Owner/Mailing Address |
| Facility Location Name:<br>Hopkinsville Landfill | Owner Name:<br>Rick Deason |
| Facility Location Address (i.e. street, road, etc.):<br>Mount Zoar Road | Mailing Street:<br>P.O. Box 707 |
| Facility Location City, State, Zip Code:<br>Hopkinsville, KY 42240 | Mailing City, State, Zip Code:<br>Hopkinsville, KY 42240 |
| | Telephone Number:<br>(270) 890-0600 |

**II. FACILITY DESCRIPTION**

A. Provide a brief description of activities, products, etc: The Hopkinsville Landfill accepts residential and non-hazardous industrial waste for transfer to an off-site, approved, waste disposal facility. CDD waste is landfilled on site. Leachate and surface water which percolates through waste is collected and hauled to the city's sanitary sewer treatment facilities. All landfill activities are consistent with Division of Waste Management Regulations.

B. Standard Industrial Classification (SIC) Code and Description

| | | | |
|---|---|---|---|
| Principal SIC Code & Description: | 4953 - Landfill | | |
| Other SIC Codes: | | | |

**III. FACILITY LOCATION**

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

| | |
|---|---|
| B. County where facility is located:<br>Christian | City where facility is located (if applicable): |
| C. Body of water receiving discharge:<br>Unnamed tributary of White Creek | |
| D. Facility Site Latitude (degrees, minutes, seconds):<br>36° 55' 55" | Facility Site Longitude (degrees, minutes, seconds):<br>87° 30' 35" |
| E. Method used to obtain latitude & longitude (see instructions): | Topographical Map Coordinates |

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A

## IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

Operator Contact Information (See instructions)

| Name of Treatment Plant Operator: | Telephone Number: |
|---|---|
| Bill Bailey | (270) 887-4072 |
| Operator Mailing Address (Street): P.O. Box 707 | |
| Operator Mailing Address (City, State, Zip Code): Hopkinsville, KY 42241-0707 | |
| Is the operator also the owner? Yes ☐ No ☒ | Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐ |
| Certification Class: Operator / Manager | Certification Number: 001658 |

## V. EXISTING ENVIRONMENTAL PERMITS

| Current NPDES Number: | Issue Date of Current Permit: | Expiration Date of Current Permit: |
|---|---|---|
| KY0098485 | | November 30, 2003 |
| Number of Times Permit Reissued: | Date of Original Permit Issuance: | Sludge Disposal Permit Number: |
| Kentucky DOW Operational Permit #: | Kentucky DSMRE Permit Number(s): | |

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

| CATEGORY | EXISTING PERMIT WITH NO. | PERMIT NEEDED WITH PLANNED APPLICATION DATE |
|---|---|---|
| Air Emission Source | | |
| Solid or Special Waste | | |
| Hazardous Waste - Registration or Permit | | |

## VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

| A. Name of department, office or official submitting DMRs: | Hopkinsville Public Works Department |
|---|---|
| B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.) | |
| DMR Mailing Name: | Howard K. Bell, Consulting Engineers, Inc. |
| DMR Mailing Street: | 107 Forbes Drive - P.O. Box 661 |
| DMR Mailing City, State, Zip Code: | Hopkinsville, KY 42240 |
| DMR Official Telephone Number: | (270) 886-5466 |

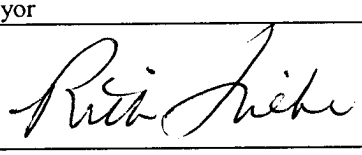
## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

| Facility Fee Category: | Filing Fee Enclosed: |
|---|---|
| Public Owned Treatment Works (No Fee Due) | |

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME AND OFFICIAL TITLE (type or print): | TELEPHONE NUMBER (area code and number): |
|---|---|
| Rich Libe, Mayor | (270) 890-0200 |
| SIGNATURE  | DATE: 06/24/13 |

# ATTACHMENT I

US GEOLOGICAL SURVEY
QUADRANGLE MAP


| SEDIMENTATION BASINS | OUTFALL |
|---|---|
| EXISTING BASIN | 001 |
| PROPOSED BASIN | 002 |
| PROPOSED BASIN | 003 |

SCALE 1:24000

0 2000 3000 4000 5000 6000 7000 FEET

0 1 KILOMETER

CONTOUR INTERVAL 10 FEET
DATUM OF 1929

KENTUCKY
QUADRANGLE LOCATION

ROAD CLASSIFICATION

Primary highway, hard surface
Light-duty road, hard or improved surface
Secondary highway, hard surface
Unimproved road
Interstate Route
U. S. Route
State Route

L SURVLY STANDARDS FOR SPATIAL ACCURACY - CLASS 2
Y, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
AL SURVEY, LEXINGTON, KENTUCKY 40506
NT OF COMMERCE, FRANKFORT, KENTUCKY 40601
APHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

Revisions shown in purple compiled in cooperation with State of Kentucky agencies from aerial photographs taken 1988 and 1992 other sources. This information not field checked. Map edited 1994

Information shown in purple may not meet USGS content standards and may conflict with previously mapped contours

# PLEASANT GREEN HILL, KY.

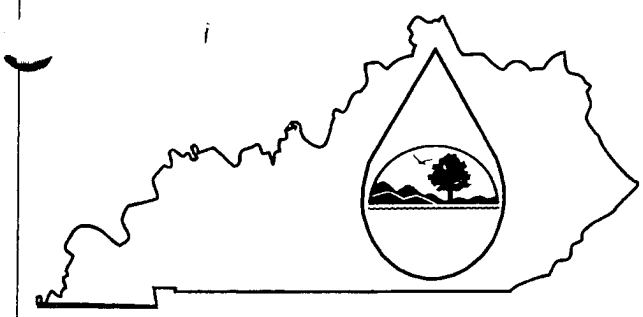
36087-H5-TF-024

1957

REVISED 1994

DMA 3457 I NE-SERIES V853

# KPDES FORM C



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2003 JUN 26 P

## PERMIT APPLICATION

RECEIVED BY KPDES BR

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

| Name of Facility: Hopkinsville Landfill | County: Christian |
|---|---|
| **I. OUTFALL LOCATION** | AGENCY USE |

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

| Outfall No. (list) | LATITUDE | | | LONGITUDE | | | RECEIVING WATER (name) |
|---|---|---|---|---|---|---|---|
| | Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | |
| 001 | 36 | 56 | 35 | 87 | 30 | 25 | Unnamed trib. of White Creek |
| 002 | 36 | 55 | 55 | 87 | 30 | 35 | Unnamed trib. of White Creek |
| 003 | 36 | 55 | 55 | 87 | 30 | 35 | Unnamed trib. of White Creek |
| | | | | | | | |

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

| OUTFALL NO. (list) | OPERATION(S) CONTRIBUTING FLOW | | TREATMENT | |
|---|---|---|---|---|
| | Operation (list) | Avg/Design Flow (include units) | Description | List Codes from Table C-1 |
| 001 | Hopkinsville Landfill runoff | 0.005 mgd | Sedimentation Basin | 1-U |
| 002 | Hopkinsville Landfill runoff | 0.005 mgd | Sedimentation Basin | 1-U |
| 003 | Hopkinsville Landfill runoff | 0.005 mgd | Sedimentation Basin | 1-U |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

| OUTFALL NUMBER (list) | OPERATIONS CONTRIBUTING FLOW (list) | FREQUENCY | | FLOW | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Days Per Week (specify average) | Months Per Year (specify average) | Flow Rate (in mgd) | | Total volume (specify with units) | | Duration (in days) |
| | | | | Long-Term Average | Maximum Daily | Long-Term Average | Maximum Daily | |
| | | | | | | | | |

## III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

| MAXIMUM QUANTITY | | | Affected Outfalls (list outfall numbers) |
|---|---|---|---|
| Quantity Per Day | Units of Measure | Operation, Product, Material, Etc. (specify) | |
| | | | |

## IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

| IDENTIFICATION OF CONDITION AGREEMENT, ETC. | AFFECTED OUTFALLS | | BRIEF DESCRIPTION OF PROJECT | FINAL COMPLIANCE DATE | |
|---|---|---|---|---|---|
| | No. | Source of Discharge | | Required | Projected |
| | | | | | |

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

## V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

| POLLUTANT | SOURCE | POLLUTANT | SOURCE |
|---|---|---|---|
| None | | | |

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

## VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

## VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☒ No (Go to Section IX)

| NAME | ADDRESS | TELEPHONE (Area code & number) | POLLUTANTS ANALYZED (list) |
|---|---|---|---|
| ɔward K. Bell, Consulting ngineers, Inc. | 107 Forbes Dr. Hopkinsville, KY 42240 | (270) 886-5466 | Field Temperature pH |
| ELAB | 227 French Landing Drive Nashville, TN 37228 | (615) 345-1115 | All Other Pollutants |

## IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME AND OFFICIAL TITLE (type or print): | TELEPHONE NUMBER (area code and number): |
|---|---|
| ch Liebe, Mayor | (270) 890-0200 |
| SIGNATURE Rich Liebe | DATE Rich Liebe 06/24/03 |

**PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY.** You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

**V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)** — **OUTFALL NO.** 001

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

| 1. POLLUTANT | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg. Value | | b. No of Analyses |
| | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| a. Biochemical Oxygen Demand (BOD) | 8.2 | | 8.2 | | | | 1 | mg/l | | | | |
| b. Chemical Oxygen Demand (COD) | | | | | | | | | | | | |
| c. Total Organic Carbon (TOC) | 17 | 6.10 | 17 | 6.10 | 13.2 | 6.83 | 9 | mg/l | lbs./day | | | |
| d. Total Suspended Solids (TSS) | 76 | 54.5 | 76 | 54.5 | 35 | 18.11 | 9 | mg/l | lbs./day | | | |
| e. Ammonia (as N) | | | | | | | | | | | | |
| f. Flow (in units of MGD) | VALUE 0.130 | | VALUE 0.130 | | VALUE .062 | | 9 | MGD | | VALUE | | |
| g. Temperature (winter) | VALUE | | VALUE | | VALUE | | 0 | °c | | VALUE | | |
| h. Temperature (summer) | VALUE | | VALUE | | VALUE | | 0 | °c | | VALUE | | |
| i. pH | MINIMUM 7.07 | MAXIMUM 8.9 | MINIMUM 7.07 | MAXIMUM 8.9 | | | 9 | STANDARD UNITS | | | | |

Part B - In the MA "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" a. Believed Present | 2. MARK "X" b. Believed Absent | 3. EFFLUENT a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | 4. UNITS a. Concentration | 4. UNITS b. Mass | 6. INTAKE (optional) a. Long-Term Avg Value (1) Concentration | a. Long-Term Avg Value (2) Mass | 6. INTAKE (optional) b. No. of Analyses |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| a. Bromide (24959-67-9) | | x | | | | | | | | | | | | |
| b. Bromine Total Residual | | x | | | | | | | | | | | | |
| c. Chloride | x | | 20 | 7.18 | 20 | 7.18 | 13.6 | 7.04 | 9 | mg/l | lbs/day | | | |
| d. Chlorine, Total Residual | | x | | | | | | | | | | | | |
| e. Color | | x | | | | | | | | | | | | |
| f. Fecal Coliform | | x | | | | | | | | | | | | |
| g. Fluoride (16984-48-8) | | x | | | | | | | | | | | | |
| h. Hardness (as $CaCO_3$) | x | | 170 | 61 | 170 | 61 | 142 | 73.5 | 9 | mg/l | lbs/day | | | |
| i. Nitrate - Nitrite (as N) | | x | | | | | | | | | | | | |
| j. Nitrogen, Total Organic (as N) | | x | | | | | | | | | | | | |
| k. Oil and Grease | | x | | | | | | | | | | | | |
| l. Phosphorous (as P), Total 7723-14-0 | | x | | | | | | | | | | | | |
| m. Radioactivity | | | | | | | | | | | | | | |
| (1) Alpha, Total | | x | | | | | | | | | | | | |
| (2) Beta, Total | | x | | | | | | | | | | | | |
| (3) Radium Total | | x | | | | | | | | | | | | |
| (4) Radium, 226, Total | | x | | | | | | | | | | | | |

Part B - Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg. Value (1) Concentration | a. Long-Term Avg. Value (2) Mass | b. No. of Analyses |
| n. Sulfate (as $SO_4$) (14808-79-8) | x | | 300 | 108 | 300 | 108 | 262 | 136 | 9 | mg/l | lbs/day | | | |
| o. Sulfide (as S) | | x | | | | | | | | | | | | |
| p. Sulfite (as $SO_4$) (14286-46-3) | | x | | | | | | | | | | | | |
| q. Surfactants | | x | | | | | | | | | | | | |
| r. Aluminum, Total (7429-90) | | x | | | | | | | | | | | | |
| s. Barium, Total (7440-39-3) | | x | | | | | | | | | | | | |
| t. Boron, Total (7440-42-8) | | x | | | | | | | | | | | | |
| u. Cobalt, Total (7440-48-4) | | x | | | | | | | | | | | | |
| v. Iron, Total (7439-89-6) | x | | 7.6 | 5.45 | 7.6 | 5.45 | 4.1 | 2.1 | 9 | mg/l | lbs/day | | | |
| w. Magnesium Total (7439-96-4) | | x | | | | | | | | | | | | |
| x. Molybdenum Total (7439-98-7) | | x | | | | | | | | | | | | |
| y. Manganese, Total (7439-96-6) | | x | | | | | | | | | | | | |
| z. Tin, Total (7440-31-5) | | x | | | | | | | | | | | | |
| aa. Titanium, Total (7440-32-6) | | x | | | | | | | | | | | | |

**Part C** – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value (1) Concentration | a. Long-Term Avg Value (2) Mass | b. No. of Analyses |
| **METALS, CYANIDE AND TOTAL PHENOLS** | | | | | | | | | | | | | | | |
| 1M. Antimony Total (7440-36-0) | | | x | | | | | | | | | | | | |
| 2M. Arsenic, Total (7440-38-2) | | x | | 7.2 | 2.58 | 7.2 | 2.58 | 4.9 | 2.54 | 9 | mg/l | lbs./d | | | |
| 3M. Beryllium Total (7440-41-7) | | x | | <.005 | <.003 | <.005 | <.003 | <.005 | <.003 | 9 | mg/l | lbs./d | | | |
| 4M. Cadmium Total (7440-43-9) | | x | | <.001 | <.001 | <.001 | <.001 | <.001 | <.001 | 9 | mg/l | lbs./d | | | |
| 5M. Chromium Total (7440-43-9) | | | x | | | | | | | | | | | | |
| 6M. Copper Total (7550-50-8) | | x | | <.005 | <.003 | <.005 | <.003 | <.005 | <.003 | 9 | mg/l | lbs./d | | | |
| 7M. Lead Total (7439-92-1) | | x | | <.005 | <.003 | <.005 | <.003 | <.005 | <.003 | 9 | mg/l | lbs./d | | | |
| 8M. Mercury Total (7439-97-6) | | x | | .00027 | .0001 | .00027 | .0001 | <.0002 | <.0001 | 9 | mg/l | lbs./d | | | |
| 9M. Nickel, Total (7440-02-0) | | x | | .018 | .02 | .018 | .02 | .014 | .007 | 9 | mg/l | lbs./d | | | |
| 10M. Selenium, Total (7782-49-2) | | x | | <.005 | <.003 | <.005 | <.003 | <.005 | <.003 | 9 | mg/l | lbs./d | | | |
| 11M. Silver, Total (7440-28-0) | | x | | <.001 | <.001 | <.001 | <.001 | <.001 | <.001 | 9 | mg/l | lbs./d | | | |

**Part C – Continued**

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value (1) Concentration | a. Long-Term Avg Value (2) Mass | b. No. of Analyses |
| **METALS, CYANIDE AND TOTAL PHENOLS (Continued)** | | | | | | | | | | | | | | | |
| 12M. Thallium, Total (7440-28-0) | | x | | <.005 | <.003 | <.005 | <.003 | <.005 | <.003 | 9 | mg/l | lbs./d | | | |
| 13M. Zinc, Total (7440-66-6) | | x | | .036 | .026 | .036 | .026 | .020 | .010 | 9 | mg/l | lbs./d | | | |
| 14M. Cyanide, Total (57-12-5) | | | x | | | | | | | | | | | | |
| 15M. Phenols, Total | | | x | | | | | | | | | | | | |
| **DIOXIN** | | | | | | | | | | | | | | | |
| 2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6) | | | x | DESCRIBE RESULTS: | | | | | | | | | | | |
| **GC/MS FRACTION – VOLATILE COMPOUNDS** | | | | | | | | | | | | | | | |
| 1V. Acrolein (107-02-8) | | | x | | | | | | | | | | | | |
| 2V. Acrylonitrile (107-13-1) | | | x | | | | | | | | | | | | |
| 3V. Benzene (71-43-2) | | | x | | | | | | | | | | | | |
| 5V. Bromoform (75-25-2) | | | x | | | | | | | | | | | | |
| 6V. Carbon Tetrachloride (56-23-5) | | | x | | | | | | | | | | | | |
| 7V. Chloro-benzene (108-90-7) | | | x | | | | | | | | | | | | |
| 8V. Chlorodibro-momethane (124-48-1) | | | x | | | | | | | | | | | | |

**Part C – Continued**

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value | | b. No. of Analyses |
| | | | | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| 9V. Chloroethane (74-00-3) | | | x | | | | | | | | | | | | |
| 10V. 2-Chloro-ethylvinyl Ether (110-75-8) | | | x | | | | | | | | | | | | |
| 11V. Chloroform (67-66-3) | | | x | | | | | | | | | | | | |
| 12V. Dichloro-bromomethane (75-71-8) | | | x | | | | | | | | | | | | |
| 14V. 1,1-Dichloroethane (75-34-3) | | | x | | | | | | | | | | | | |
| 15V. 1,2-Dichloroethane (107-06-2) | | | x | | | | | | | | | | | | |
| 16V. 1,1-Dichlorethylene (75-35-4) | | | x | | | | | | | | | | | | |
| 17V. 1,2-Di-chloropropane (78-87-5) | | | x | | | | | | | | | | | | |
| 18V. 1,3-Dichloropro-pylene (452-75-6) | | | x | | | | | | | | | | | | |
| 19V. Ethyl-benzene (100-41-4) | | | x | | | | | | | | | | | | |
| 20V. Methyl Bromide (74-83-9) | | | x | | | | | | | | | | | | |

Part C – Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg. Value (1) Concentration | a. Long-Term Avg. Value (2) Mass | b. No. of Analyses |
| 21V. Methyl Chloride (74-87-3) | | | x | | | | | | | | | | | | |
| 22V. Methylene Chloride (75-00-2) | | | x | | | | | | | | | | | | |
| 23V. 1,1,2,2-Tetrachloro-ethane (79-34-5) | | | x | | | | | | | | | | | | |
| 24V. Tetrachloro-ethylene (127-18-4) | | | x | | | | | | | | | | | | |
| 25V. Toluene (108-88-3) | | x | | .0023 | .0016 | .0023 | .0016 | .0020 | .0014 | 4 | mg/l | lbs/d | | | |
| 26V. 1,2-Trans-Dichloro-ethylene (156-60-5) | | | x | | | | | | | | | | | | |
| 27V. 1,1,1-Tri-chloroethane (71-55-6) | | | x | | | | | | | | | | | | |
| 28V. 1,1,2-Tri-chloroethane (79-00-5) | | | x | | | | | | | | | | | | |
| 29V. Trichloro-ethylene (79-01-6) | | | x | | | | | | | | | | | | |
| 30V. Vinyl Chloride (75-01-4) | | | x | | | | | | | | | | | | |

Part C – Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value | | b. No. of Analyses |
| | | | | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| **GC/MS FRACTION – ACID COMPOUNDS** | | | | | | | | | | | | | | | |
| 1A. 2-Chlorophenol (95-57-8) | | | x | | | | | | | | | | | | |
| 2A. 2,4-Dichlorophenol (120-83-2) | | | x | | | | | | | | | | | | |
| 3A. 2,4-Dimethylphenol (105-67-9) | | | x | | | | | | | | | | | | |
| 4A. 4,6-Dinitro-o-cresol (534-52-1) | | | x | | | | | | | | | | | | |
| 5A. 2,4-Dinitrophenol (51-28-5) | | | x | | | | | | | | | | | | |
| 6A. 2-Nitrophenol (88-75-5) | | | x | | | | | | | | | | | | |
| 7A. 4-Nitrophenol (100-02-7) | | | x | | | | | | | | | | | | |
| 8A. P-chloro-m-cresol (59-50-7) | | | x | | | | | | | | | | | | |
| 9A. Pentachlorophenol (87-88-5) | | | x | | | | | | | | | | | | |
| 10A. Phenol (108-05-2) | | | x | | | | | | | | | | | | |
| 11A. 2,4,6-Trichlorophenol (88-06-2) | | | x | | | | | | | | | | | | |
| **GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS** | | | | | | | | | | | | | | | |
| 1B. Acenaphthene (83-32-9) | | | x | | | | | | | | | | | | |

Part C – Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value (1) Concentration | a. Long-Term Avg Value (2) Mass | b. No. of Analyses |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued) | | | | | | | | | | | | | | | |
| 2B. Acenaphtylene (208-96-8) | | | x | | | | | | | | | | | | |
| 3B. Anthracene (120-12-7) | | | x | | | | | | | | | | | | |
| 4B. Benzidine (92-87-5) | | | x | | | | | | | | | | | | |
| 5B. Benzo(a)-anthracene (56-55-3) | | | x | | | | | | | | | | | | |
| 6B. Benzo(a)-pyrene (50-32-8) | | | x | | | | | | | | | | | | |
| 7B. 3,4-Benzofluoranthene (205-99-2) | | | x | | | | | | | | | | | | |
| 8B. Benzo(ghl)perylene (191-24-2) | | | x | | | | | | | | | | | | |
| 9B. Benzo(k)-fluoranthene (207-08-9) | | | x | | | | | | | | | | | | |
| 10B. Bis(2-chloroethoxy)-methane (111-91-1) | | | x | | | | | | | | | | | | |
| 11B. Bis (2-chloroisopropyl)-Ether | | | x | | | | | | | | | | | | |
| 12B. Bis (2-ethylhexyl)-phthalate (117-81-7) | | | x | | | | | | | | | | | | |

Part C – Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" a. Testing Required | a. Believed Present | b. Believed Absent | 3. EFFLUENT a. Maximum Daily Value (1) Concentration | (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | (2) Mass | d. No. of Analyses | 4. UNITS a. Concentration | b. Mass | 5. INTAKE (optional) a. Long-Term Avg Value (1) Concentration | (2) Mass | b. No. of Analyses |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)** | | | | | | | | | | | | | | | |
| 13B. 4-Bromo-phenyl Phenyl ether (101-55-3) | | | x | | | | | | | | | | | | |
| 14B. Butyl-benzyl phthalate (85-68-7) | | | x | | | | | | | | | | | | |
| 15B. 2-Chloro-naphthalene (7005-72-3) | | | x | | | | | | | | | | | | |
| 16B. 4-Chloro-phenyl phenyl ether (7005-72-3) | | | x | | | | | | | | | | | | |
| 17B. Chrysene (218-01-9) | | | x | | | | | | | | | | | | |
| 18B. Dibenzo-(a,h) Anthracene (53-70-3) | | | x | | | | | | | | | | | | |
| 19B. 1,2-Dichloro-benzene (95-50-1) | | | x | | | | | | | | | | | | |
| 20B. 1,3-Dichloro-Benzene (541-73-1) | | | x | | | | | | | | | | | | |
| 21B. 1,4-Dichloro-benzene (106-46-7) | | | x | | | | | | | | | | | | |
| 22B. 3,3-Dichloro-benzidene (91-94-1) | | | x | | | | | | | | | | | | |
| 23B. Diethyl Phthalate (84-66-2) | | | x | | | | | | | | | | | | |

| Part C – Continued | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | | |
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg. Value | | b. No. of Analyses |
| | | | | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued) | | | | | | | | | | | | | | | |
| 24B. Dimethyl Phthalate (131-11-3) | | | x | | | | | | | | | | | | |
| 25B. Di-N-butyl Phthalate (84-74-2) | | | x | | | | | | | | | | | | |
| 26B. 2,4-Dinitro-toluene (121-14-2) | | | x | | | | | | | | | | | | |
| 27B. 2,6-Dinitro-toluene (606-20-2) | | | x | | | | | | | | | | | | |
| 28B. Di-n-octyl Phthalate (117-84-0) | | | x | | | | | | | | | | | | |
| 29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7) | | | x | | | | | | | | | | | | |
| 30B. Fluoranthene (208-44-0) | | | x | | | | | | | | | | | | |
| 31B. Fluorene (86-73-7) | | | x | | | | | | | | | | | | |
| 32B. Hexachloro-benzene (118-71-1) | | | x | | | | | | | | | | | | |
| 33B. Hexachloro-butadiene (87-68-3) | | | x | | | | | | | | | | | | |
| 34B. Hexachloro-cyclopenta-diene (77-47-4) | | | x | | | | | | | | | | | | |

Part C – Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value | | b. No. of Analyses |
| | | | | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued) | | | | | | | | | | | | | | | |
| 35B. Hexachloroethane (67-72-1) | | | x | | | | | | | | | | | | |
| 36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5) | | | x | | | | | | | | | | | | |
| 37B. Isophorone (78-59-1) | | | x | | | | | | | | | | | | |
| 38B. Napthalene (91-20-3) | | | x | | | | | | | | | | | | |
| 39B. Nitrobenzene (98-95-3) | | | x | | | | | | | | | | | | |
| 40B. N-Nitrosodimethylamine (62-75-9) | | | x | | | | | | | | | | | | |
| 41B. N-nitrosodi-n-propylamine (621-64-7) | | | x | | | | | | | | | | | | |
| 42B. N-nitrosodiphenylamine (86-30-6) | | | x | | | | | | | | | | | | |
| 43B. Phenanthrene (85-01-8) | | | x | | | | | | | | | | | | |
| 44B. Pyrene (129-00-0) | | | x | | | | | | | | | | | | |
| 45B. 1,2,4 Trichlorobenzene (120-82-1) | | | x | | | | | | | | | | | | |

Part C – Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg. Value | | b. No. of Analyses |
| | | | | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| **GC/MS FRACTION – PESTICIDES** | | | | | | | | | | | | | | | |
| 1P. Aldrin (309-00-2) | | | x | | | | | | | | | | | | |
| 2P. α-BHC (319-84-6) | | | x | | | | | | | | | | | | |
| 3P. β-BHC (58-89-9) | | | x | | | | | | | | | | | | |
| 4P. gamma-BHC (58-89-9) | | | x | | | | | | | | | | | | |
| 5P. δ-BHC (319-86-8) | | | x | | | | | | | | | | | | |
| 6P. Chlordane (57-74-9) | | | x | | | | | | | | | | | | |
| 7P. 4,4'-DDT (50-29-3) | | | x | | | | | | | | | | | | |
| 8P. 4,4'-DDE (72-55-9) | | | x | | | | | | | | | | | | |
| 9P. 4,4'-DDD (72-54-8) | | | x | | | | | | | | | | | | |
| 10P. Dieldrin (60-57-1) | | | x | | | | | | | | | | | | |
| 11P. α-Endosulfan (115-29-7) | | | x | | | | | | | | | | | | |
| 12P. β-Endosulfan (115-29-7) | | | x | | | | | | | | | | | | |
| 13P. Endosulfan Sulfate (1031-07-8) | | | x | | | | | | | | | | | | |
| 14P. Endrin (72-20-8) | | | x | | | | | | | | | | | | |

Part C – Continued

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value | | b. No. of Analyses |
| | | | | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| GC/MS FRACTION – PESTICIDES | | | | | | | | | | | | | | | |
| 15P. Endrin Aldehyde (7421-93-4) | | | x | | | | | | | | | | | | |
| 16P Heptachlor (76-44-8) | | | x | | | | | | | | | | | | |
| 17P. Heptaclor Epoxide (1024-57-3) | | | x | | | | | | | | | | | | |
| 18P. PCB-1242 (53469-21-9) | | | x | | | | | | | | | | | | |
| 19P. PCB-1254 (11097-69-1) | | | x | | | | | | | | | | | | |
| 20P. PCB-1221 (11104-28-2) | | | x | | | | | | | | | | | | |
| 21P. PCB-1232 (11141-16-5) | | | x | | | | | | | | | | | | |
| 22P. PCB-1248 (12672-29-6) | | | x | | | | | | | | | | | | |
| 23P. PCB-1260 (11096-82-5) | | | x | | | | | | | | | | | | |
| 24P. PCB-1016 (12674-11-2) | | | x | | | | | | | | | | | | |
| 25P. Toxaphene (8001-35-2) | | | x | | | | | | | | | | | | |

# ATTACHMENT I

## II. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

### A. LINE DRAWING OF WATER FLOW THROUGH THE FACILITY

# ATTACHMENT II

## V. INTAKE AND EFFLUENT CHARACTERISTICS

A. RESULTS FOR OUTFALL NO. 001 HAVE BEEN INCLUDED IN THIS APPLICATION. OUTFALL NO.'s 002 & 003 HAVE NOT BEEN CONSTRUCTED BUT ARE REQUESTED TO BE COVERED BY THIS PERMIT PENDING CONSTRUCTION.